

Foster Family Home - Corrective Action Report

Provider ID: 1-562125

Home Name: Josette Falle, NA

99-501 Kaholi Place

Aiea HI 96701

Review ID: 1-562125-7

Reviewer: David Ayling

Begin Date: 11/14/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 11/14/19.
Corrective Action Report issued during home inspection with all items due to CTA by 12/14/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No current APS/CAN and fingerprints for CG #1 and HHM #1. Expired on 8/15/19. No first year APS/CAN and fingerprints for HHM #3 and HHM #4.
No current eCrim for CG #4. Expired on 9/29/19.

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(1) Reside in the community care foster family home;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

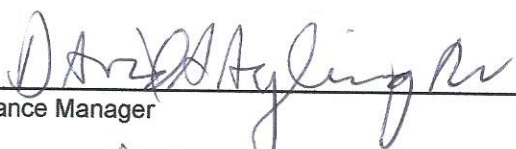
41.(a)(1) - No rental agreement present in CCFFH binder.
41.(b)(7) - No current TB clearance for CG #3. Expired on 8/16/19.
41.(f)(1) - No current TB clearance for HHM #1. Expired on 8/8/19.
No current TB clearance for HHM #3 and HHM #4.

Foster Family Home Client Care and Services [11-800-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

Comment:

43.(b) - Currently, CCFFH has only 1 private client.


Compliance Manager


Date


Primary Care Giver


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Josette v. Falle**

CCFFH Address: **99-501 Kaholi Pl. Aiea, Hawaii 96701**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(1)(2)	I got APS/CAN and fingerprinting from CG #1 and HHM's #1, #3, #4. I also got the eCrime from CG #4. I put them in my CCFFH binder.	12/11/19	I put the expiration date for APS/CAN and fingerprint, eCrime, and TB clearance for CG's and HHM's on my desk calendar. I will look at it every month.
4 1.(a)(1)	I got the rental agreement from the landlord and put it in the CCFFH binder.	11/16/19	I will keep the rental agreement in my CCFFH binder and not take it out ever.
4 1.(b)(7) 4 1.(f)(1)	I got the TB clearance from CG #3 and HHM's #1, #3, #4. I put them in the CCFFH binder.	12/10/19	
4 3.(b)	I placed a Medicaid patient to my CCFFH.	12/10/19	I will look for a medicare patient as soon as my Medicaid patient leaves from my CCFFH.

Primary Caregiver's Signature: *Josette v. Falle*

Print Name: JOSETTE V. FALLE Date of Signature: 12/12/19